Voluntary Certification Program Standards

Food/Nutrition

■ (1) Current BCC approved food service training for at least one staff member responsible for the operation of the kitchen. A person with BCC approved food service training will be present whenever meals or snacks are served.

■ (2) Acceptable written weekly menus including meals/snacks provided by the facility shall be posted in a conspicuous place for all parents to review and in the kitchen.

■ (3) At least 1½ ounces of high protein food (such as meat, poultry, cheese, eggs or dried beans) are served at lunch and dinner.

■ (4) A good source of Vitamin A (such as carrots, squash, broccoli, mangos) is served at least two (2) times a week.

■ (5) Nutritious snacks (such as whole grain breads, muffins, cheese or peanut butter crackers or banana bread) are served daily. Include two (2) different food groups (i.e. fruit and dairy, bread and protein, etc).

■ (6) Two(2) of these components (vegetables, salads or fruits) must be served with lunch and dinner meals.

■ (7) Milk, provided by the parent and/or the facility, is served at all meals. Milk that is provided shall be whole milk for children under the age of two unless physicians order a specific substitution. Reconstituted, dry or fat free milk will not be offered to children by the facility. No milk less than 1% may be served to children ages two (2) and older unless a child has a physician’s or nurse practitioner’s statement.

■ (8) All fruit juice served by the facility is 100% pure fruit juice with no sugar added. (2) All non-citrus juices served by the facility are fortified with vitamin C. (3) The facility does not serve or have accessible to children: ades, soft drinks or powders. (4) A competing beverage is not served by the facility with milk during meals/snacks.

■ (9) Seconds of at least two (2) items and milk are offered and available at the noon and evening meals.

■ (10) If casseroles are served as the protein component, standardized recipes (including the lbs and oz of protein, the number of servings and the portion size) must be available and utilized.

■ (11) Food is not used as a reward or punishment.

■ (12) Staff assists, supervise, converse and sit with the children during all meals and snacks in age relative groups, small enough in number to assure assistance and safety.

■ (13) Children are allowed to converse freely during meal/snack times.

■ (14) Food allergies and special diets are posted in the kitchen and/or in the area where the child’s food is prepared and served.

Food Brought from Home (must also meet the following)
■ (15) Parent has completed and signed a “Safe Transportation of Food” form; form is maintained in the child’s record.

**Health and Safety**

**Staff Requirements**

■ (16) All staff members have physical examination, signed by a physician or nurse practitioner, within one (1) month of employment or twelve (12) months prior to employment.

■ (17) All child care providers are at least 18 years old and have a HS Diploma or equivalent.

■ (18) Facilities may count early childhood practicum students under eighteen (18) years of age in child/staff ratios with the following conditions:
  (a) They attend a high school early childhood program.
  (b) They are seventeen (17) years of age or sixteen (16) years of age if working at their on-site vocational child care facility.
  (c) They are assigned to a lead caregiver who provides supervision at all times.
  (d) They are never left alone with a group of children.
  (e) They are not counted in the child/staff ratio of infant or toddler rooms.

■ (19) Early childhood practicum students from colleges or universities may serve in any capacity for which they are qualified.

**Staff Training**

■ (20) Staff shall have training in cardiopulmonary resuscitation (CPR) as follows:
  (a) At least one (1) caregiver accompanying children on field trips must be trained annually in Pediatric CPR.
  (b) In child care facilities certified for infants or toddlers, all infant and toddler caregivers shall be trained annually in infant or pediatric CPR as appropriate.
  (c) All staff members shall be informed of which employees are trained in CPR and how to obtain the trained employee’s assistance in an emergency.

■ (21) In addition to first aid, cardiopulmonary resuscitation (CPR), universal precautions, and life saving certification, all directors and persons counted in child/staff ratios shall have, on an annual basis, a minimum of twelve (12) clock hours of in-service training as follows:
  (a) The director shall receive training in each of the following categories:
    (1) Administrative issues.
    (2) Curriculum and developmentally appropriate practices.
    (3) Health, nutrition, sanitation, and safety.
  (b) Caregivers shall receive training in each of the following categories:
    (1) Positive classroom management and discipline.
    (2) Developmentally appropriate practices and curriculum.
    (3) Child development.
    (4) Health, nutrition, sanitation, and safety.
  (c) Training may include, but is not limited to:
    (1) workshops;
    (2) formal education;
    (3) videos;
    (4) training by consultants; or
    (5) educational programs provided for staff by the director or director designated training facilitators.
(d) The documentation of reading of early childhood educational literature shall require a written summary and shall not count as more than two (2) hours of training per year.

■ (22) The director has completed a Child Development Associate Credential (CDA) or early childhood degree or equivalent degree OR the director of the ministry agrees to obtain a minimum of a CDA within three years of obtaining the Voluntary Certification Program and show progression towards completion each year.

Children’s Files

■ (23) A written application for admission of each child, signed by the child’s parent, shall be on file at the child care facility prior to admission and shall include the name, address, and telephone number of responsible person who may be called to come for the child in case of illness or other emergency if the parent cannot be reached.

■ (24) Each child has physical exam within 30 days of admission or twelve (12) months prior to admission.

■ (25) Each child’s record shall contain the following consent signed by the parent:
   (a) Emergency medical authorization to provide transportation and obtain medical treatment for children when the parent cannot be contacted. This authorization shall also be in the emergency information file.

Emergency Preparedness

■ (26) A written emergency plan is established and implemented. The plan is shared with parents at the time of enrollment and/or any time the provider initiates a change in any aspect of the plan. The purpose of the written emergency plan is to make all emergency policies and procedures clear to parents. The plan is to be signed by the parent(s) to indicate their understanding and acceptance of the policies and procedures. The written plan will include:
   • The procedure for notifying parents in the event of the illness of a staff member(s) that may be contagious to others, or any emergency that prevents children from being cared for in the facility.
   • The need for the parent to have a back-up plan for care in place, in the event of their child’s illness or the facility’s inability to care for children.
   • Exclusion policies pertaining to a child’s health.
   • Alternative contacts and medical care authorization available in case parents cannot be reached in the event of an emergency.
   • A list, provided by the parent(s), of people authorized to pick up a child.

■ (27) Written policy signed by the parent/guardian notifying them in the event of a child’s illness or an emergency.

■ (28) First aid supplies and manual equivalent to the Red Cross First Aid Manual shall be immediately available for staff use. The first aid kit, at a minimum, shall consist of the following:
   (a) Sheer strip bandages.
   (b) Sterile bandages and compresses.
   (c) Adhesive tape.
   (d) Scissors.
   (e) Flashlight.
   (f) Thermometer.
   (g) Disposable gloves.
   (h) Mild soap.

■ (29) Emergency first aid procedures are readily available and visible to all child care staff.

Medication
■ (30) Medicine not requiring refrigeration is stored in a locked cabinet or locked drawer outside of the kitchen or
bathroom.

■ (31) All medications have a physician’s written order.

■ (32) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of
age and every two (2) years for children two (2) years of age and older.

■ (33) All medications are appropriately recorded immediately after being administered to child(ren).
■ (34) Unused and / or outdated medications are discarded.

Hand washing/Toileting

■ (35) One toilet and one lavatory is provided and maintained for each 15 children age 2-12 years old. When the
recommended capacity exceeds sixty (60) children, the facility may substitute one (1) urinal for a toilet in the school
age area only.

■ (36) Bathrooms cannot be used for storage of other items unrelated to toileting. Additionally, plungers, toilet
bowl brushes and brooms should not be stored in children bathrooms.

■ (37) The facility shall locate a sink within ten (10) feet of the changing table in the room/area or in a room that
opens directly into the room/area.

■ (38) Diaper changing procedures posted by each diapering area.

■ (39) Cloth diapers and bedding used by facility is laundered in 160 degrees F or approved sanitizing solution.

■ (40) A fresh, clean, waterproof paper is used on top of the diaper changing pad for each diaper changed.

Rest Period

■ (41) Cots are spaced two (2) feet or more apart.

Water Play Areas

■ (42) Child/staff ratios in Standard 61 shall be twice the number required in these standards. The facility may count
employed lifeguards in child staff ratios. Children shall be directly supervised at all times when involved in water
play.

■ (43) A person having a valid Red Cross advanced life saving certificate shall be on duty at all times when a
swimming pool or lake is in use.

Child/Staff Ratios and Supervision

■ (44) Programs with infant and toddlers must consider children up to 30 months of age as toddlers and all these
standards apply to any child under the age of 30 months.

■ (45) If a program is approved only for children ages 24 months and above, the infant and toddler standards are not
applicable to this group. In classroom/areas where the facility is caring for groups of children ages 24 months and
older, the infant and toddler standards do not apply.
■ (46) Children are under direct supervision at all times; during nap time child/staff ratios may be reduced to 50% of staff as long as child/staff ratio is maintained on the premises (does not apply to infants).

■ (47) The facility shall have at least two (2) adults present during all hours of operation.

**Discipline**

■ (48) Discipline:
The director shall discuss and give the following information, in writing, to the parent at the time of the child’s enrollment.

(a) Any person, while on child care facility premises, shall not engage in or direct any of the following actions toward children:
   (1) Inflict corporal punishment in any manner upon a child’s body.
   (2) Hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort. Cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment.
   (3) Placement in a locked or dark room.
   (4) Public or private humiliation, yelling, or abusive or profane language.

(a) Caregivers shall not associate disciplinary action or rewards with rest.

(b) Caregivers shall not:
   (1) Use time out for any child less than three (3) years of age; use time out for any purpose other than to enable the child to regain control;
   (2) Physically restrain children except:
      (a) when it is necessary to ensure their own safety or that of others; and
      (b) only for as long as is necessary for control of the situation; and use punishment to correct unacceptable behavior.

**Environment**

■ (49) At least 35 square feet of usable indoor space is provided for each child.

■ (50) Telephone numbers for fire, ambulance, hospital and poison control are available at each telephone.

■ (51) Fifty (50) foot-candles of illumination are provided above classroom tables.

■ (52) Ten (10) foot-candles of illumination are provided in bathrooms.

■ (53) Hallways and corridors have ten (10) foot-candles of lights.

■ (54) Five (5) foot-candles in children rest and nap areas.

■ (55) Classroom temperature is maintained at sixty-eight (68) degrees F or more.

■ (56) The facility shall make heating units, including water pipes and baseboard heaters, hotter than one hundred ten (110) degrees Fahrenheit inaccessible to children by barriers such as guards or other devices.

■ (57) The janitor's closet containing chemicals, poisons, and items which state "HARMFUL" or "FATAL IF SWALLOWED" is kept LOCKED.

■ (58) Floors are smooth, carpet firmly secured.
■ (59) The facility shall use an antiscald valve approved by Indiana State Department of Health (ISDH) to maintain water temperature between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit on all hot water supplied to sinks, bathing, and washing facilities used by children.

■ (60) Meets the requirements of Fire Prevention and Building Safety Commission (FPBSC). ("Opt-out” letters not used.).

■ (61) Occupancy capacities, as recommended by the Division are not exceeded.

■ (62) Playground(s) is safely enclosed or protected.

**Infant/Toddler- Child care program that care for children under the age of 30 months, the following standards must also be met.**

**Supervision/Grouping**

■ (63) Infants and toddlers are kept under direct supervision at all times including while napping.

■ (64) Infants and toddlers are kept in separate rooms unless room is approved for alternative mixed age groups, w/age appropriate equipment, limited to infant-36 months (no throughways).

■ (65) No person under the age of 21 shall at any time be alone with children under two years of age.

**Communication with Families**

■ (66) Daily needs records are kept and posted.

**Hand Washing/Diapering**

■ (67) Infants and toddlers have at least one sink for hand-washing in the room.

■ (68) Each room has changing table or changed in own crib.

■ (69) A changing table shall be required for infants who can pull to a standing position in their crib.

■ (70) All surfaces except carpet in Infant / Toddler rooms are sanitizable.

■ (71) Diaper bags are inaccessible to children.

**Rest Period**

■ (72) Infants are out of cribs while awake.

■ (73) Extra supply of bedding available.

■ (74) A written safe sleep policy is signed by all infant parents.

**Feeding**
(75) Parents provide a feeding plan for infants and it is kept current.

(76) There shall be a heating unit for warming bottles and food, accessible only to staff, located in the infant room. Staff shall not heat formula or breast milk in a microwave oven.

(77) Infants' bottles are not "propped".

(78) Infants are held when fed.

(79) Toddler sized chairs and tables are used for eating.

(80) Toddler foods are appropriate for age. (No choking hazards.)

(81) Age appropriate dishes and utensils for infants and toddlers are used.

(82) Infants and toddlers are fed in their own rooms.

**Equipment**

(83) At least one (1) rocking chair is available to each caregiver in infant rooms and at least one (1) rocking chair is available in toddler rooms.

(84) Use of a television is prohibited.